

_ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | 7-5 | | 1/22/99 |
| O.I.P.E. CLASSIFIER | | 15 | 770099 |
| FORMALITY REVIEW | LH- | 60105 | 8-5-99 |

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here

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